

THIS PAGE MUST BE INCLUDED WITH ANY ALTERNATE PROPOSAL(S) NOTED CLEARLY

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Spring Brook

DATE 4/26/12

DATE OF LAST SOIL TEST _____

FIELD PH _____

OTHER SOIL TEST RECOMMENDATIONS

SITE CONDITIONS:

Soil Type Field Compaction: Yes No _____
Drainage: Dry _____ Often Wet (W) Low Spots (L) _____
Light: All Sun Some Shade (S) _____ Trees Present (T) _____

IRRIGATION:

Yes No _____
If Yes, Type of Irrigation System _____
Frequency 2x Duration per Application 30
Amount/Application 1/2" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

| | | | |
|--------------------------|--|---------------------------------|--------------------------------------|
| Color (C) | Good <input checked="" type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| Density | Low <input checked="" type="checkbox"/> | High <input type="checkbox"/> | Combination <input type="checkbox"/> |
| Smoothness (SM) | Good <input checked="" type="checkbox"/> | Poor <input type="checkbox"/> | |
| Turf Surface (TS) | Smooth <input checked="" type="checkbox"/> | Clumps <input type="checkbox"/> | Combination <input type="checkbox"/> |
| Holes/Divots (H) | None <input checked="" type="checkbox"/> | Few <input type="checkbox"/> | Many <input type="checkbox"/> |
| Bare Areas (B) | None <input checked="" type="checkbox"/> | Few <input type="checkbox"/> | Many <input type="checkbox"/> |

PESTS DICOT WEEDS

| | | | |
|------------------------|-------------------------------|---|-------------------------------|
| Dandelions (DL) | None <input type="checkbox"/> | Few <input checked="" type="checkbox"/> | Many <input type="checkbox"/> |
| Plantain (PL) | None <input type="checkbox"/> | Few <input checked="" type="checkbox"/> | Many <input type="checkbox"/> |
| Knotweed (KN) | None <input type="checkbox"/> | Few <input type="checkbox"/> | Many <input type="checkbox"/> |
| Other (O) | | | Many <input type="checkbox"/> |

Identify "Others" by name if possible _____

Weedgrass (WD): None _____ Some _____ Many _____ Crabgrass, Witchgrass, Barnyard Grass, etc.

Clover: None _____ Some _____ Many _____

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing

Comments

Needs fertilizer - To help feed out
will help.